BE21 WAMIINDIA CALL

								Application or Docket Numb r					
PATENT APPLICATION FEE DETERMINATION RECOR								09836490					
Effective October 1, 2000													
		CLAIMS AS		ILED - PART I (Column 1) (Column 2)				SMALL ENTITY TYPE			OR	OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			46					RATE		FEE		RATE	FEE
FOR .			NUMBER FILED		NUMBER EXTRA			BASIC FEE 355.00		OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			46 minus 20=		.26			X\$ 9= 234		234	OR	X\$18=	
INDEPENDENT CLAIMS			4 minus 3 =		1			X40= 4/0		40	OR	X80=	
MUI	LTIPLE DEPEND	DENT CLAIM PI	RESENT					+135	_	<u> </u>	OR	+270=	
• H	the difference i	n column 1 is	less than ze	ro, ente	r "0" in c	olumn 2	umn 2 TOTAL			429	OR	TOTAL	
CLAIMS AS AMENDED - PART II /2/2//0								P	,			OTHER	THAN
	- J.	(Column 1)			mn 2)	(Column 3)	/			NTITY	OR	SMALL	ENTITY
MTA		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	(EST (BER OUSLY FOR	PRESENT EXTRA		RATE	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	. 47	Minus	•• (46	=	1 [X\$ 9:	=	25	OR	X\$18=	,
ME	Independent	<u>ر</u>	Minus	***	4	=	1	X40-	-	100	OR	X80=	
L	FIRST PRESEN	NTATION OF MI	ULTIPLE DEP	ENDEN	I GLAIM	L	J	+135	_		OR	+270=	
11/2/2=									ΆL	125		TOTAL ADDIT, FEE	
		_	ADDIT. F	ŧΕĮ	4 9 - 2		AUUH I. PEE!						
		(Column 1) CLAIMS		HIG	mn 2) HEST	(Column 3)	ו וֹ		7	ADDI-			ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		PREV	ABER OUSLY FOR	PRESENT EXTRA		RATE	€	TIONAL FEE		RATE	TIONAL FEE
	Total	. 44	Minus	••	17	=]	X\$ 9	3		OR	X\$18=	
	Independent	· 5	Minus		5]=	ا إ	X40=			OR	X80=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT				CLAIM		ן ע	+135	=	· · · · · · · · · · · · · · · · · · ·	OR	+270=	
									AL		OR	TOTAL ADDIT. FEE	
			ADDIT. F	CEI		-	AUUII. FEE						
		CLAIMS HI		HIG	mn 2) HEST	EST			_	ADDI-			ADDI-
AMENDMENT C		REMAINING AFTER AMENDMENT		PREV	MBER IOUSLY D FOR	PRESENT EXTRA		RATE	Ξ	TIONAL FEE		RAŢE'	TIONAL FEE
	Total	•	Minus	••		=		X\$ 9:	=		OR	X\$18=	
ME	Independent	•	Minus	•••		=	┇╽	X40=			OR	X80=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDER				IT CLAIM			+135	\dashv	<u> </u>			-
4 If the color is subjected to be a then the entire in entirem 2 with 40° in entirem 2										l	OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ****If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											OR	TOTAL ADDIT. FEE	
***	'if the "Highest Nu The "Highest Num	mber Previously Fa aber Previously Pa	Paid For IN THI aid F r (Total o	S SPACE r Indepen	is less the ident) is the	an 3, enter "3." e highest numt	•			propriate bo			